

Division of Building Safety and Permits Complaint Form

Date Re	eceived:	Complaint #:		
COMPLAINANT (person making complaint)		Address:		
Name:		_		
	Phone:			
Busines	ss Phone:	E-Mail:		
compla given b website	ints must be in writing on this form, no phone below. Thank you. Uniform Statewide Building	complaints will only be accepted for Item No. 1 below. All d complaints please. Deliver or e-mail this form to the address Code (USBC) Code sections below may be found at the DHCD CodesandRegulations/PDFs/2009/Code% 20-% 20VCC.pdf		
Name (if known):	(Person or Company)		
Please	state the nature of the complaint:			
<u> </u>	Work being done without a permit and not exe required to have a permit and work exempt from	mpted by the USBC. See Sections 102.3 and 108.2 for work not permits.		
<u> </u>	A complaint against a landlord by a tenant of a residential rental property which violates the Unsafe Structures provisions of Part III of the USBC. USBC Section 104.1			
<u></u>	A deficiency in work covered by the USBC and subject to Section 115.2.1 which limits enforcement of violations to a two-year period after initial occupancy or the date a Certificate of Occupancy is issued.			
<u> </u>	Abandonment of a permit for work suspended or abandoned for a period of more than six months from issuance of the permit. USBC Section 110.6			
<u> </u>	Change of Occupancy of a structure without written notice to the Division of Building Safety and Permits USBC Section 103.3.			
6.	A structure is deemed Unsafe and is either under construction, built without a permit, and has not received a Certificate of Occupancy per USBC Section 118.1 or is an existing building subject to James City County (JCC Code Chapter 4, Article VII, "Unsafe Buildings and Structures", found at the JCC website at http://www.jamescitycountyva.gov/attorney/county-code.html			
☐ 7.	Other (please explain):			
Have y	ou contacted other agencies or an attorney regard	ling this matter?		
		Phone No.:		

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Please Give Full Details of Your Complaint:			
Do you wish to be notified of the resolution? (An e-mail	or phone number is required) Yes	☐ No	
SIGNATURE:	DATE:		
Do Not Write Below This Line (Building Safety and Permits Use O	nly)	
ASSIGNED TO:	DATE:		_
NSPECTOR'S REPORT:			
DISPOSITION: Unfounded Correction Notice	e Issued Send NOV		
Other:			
NEEDS RE-INSPECTION RE-INSPECTED	D ON:		
INSPECTOR'S SIGNATURE INSPI	FCTOR'S PRINT NAME	DATE	
		2.111	
ComplaintForm-E-fill.doc			Rev. 03-12